M	ISSO			ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH = 62-012477
DO NOT WRITE AMENDED		PV BL	Registration District No. 2701 STATE FILE NUMBER Registration District No. 2701	
ON THIS STUB	AM	IENDED	_[:	1: PLACE OF DEATH 12. USUAL RESIDENCE (Where deceased lived. If institution: Residence before
VS 300	8			a. COUNTY admission)
Rev. 4/59	AMENDED			b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Length of stay in 1b OR TOWN Length of stay in 1b OR TOWN Yes E-No
· 1	E AN			c Fill NAME OF (if NOT in hospital give location) Inside limits d. STREET (If outside, give location) Reside on Farm
2 207	7香。			HOSPITAL OR De Paul Hospital Yes & No ADDRESS 5484 alington Yes No
3	11			3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year (Type or print) Sames W. Bowe DEATH 3/9/62
4 6		:		5. SEX 6. COLOR OR RACE 7. Married 12 Never Married 1 8. DATE OF BIRTH 9. AGE (last birthday) 1/ UNDER 1 YEAR IF UNDER 24 HR
5 /				Widowed Divorced 2/4/1892 69 Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/8 BIRTHPLACE (City and state or country) 12. CITIZEN Q5 WHAT COUNTRY
6	2			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11b. BIRTHPLACE (City and state or country) 11c. CITIZEN OF WHAT COUNTRY 11c. CITIZEN OF WHAT COUNTRY 11c. CITIZEN OF WHAT COUNTRY
7 /		.]	.	136. MOTHER'S NAME 13. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE 13. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE
8) "	,	17		15. WAS DECEASED EVER IN U.S. ARMED FORCES? D. 17. INFORMANT Address
9		1 4		(Yes no. or unknown) (If yes, gife warge dates of servi
10		13	VEN1	M. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RECURRENT HOUSENESS AND DEATH IMMEDIATE CAUSE (a) RECURRENT HOUSENESS AND DEATH
11 (0			ည်	10 days
1259-00	, IEI	15	దు	Conditions, if any, which gave rise to above cause (a),
13		1-13	•	stating the under- lying cause last.) DUE TO (c)
59		who		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 days.
) / E		13		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina. PART III. If deceased was termine was there a pregnancy in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina. PART III. If deceased was termina was there a pregnancy in last 90 days. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina. PART III. If deceased was termina was there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina. PART III. If deceased was termina was there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina. PART III. IT deceased was termina was there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the termina. PART III. IT deceased was termina was there a pregnancy in last 90 days. PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH but not related to the termina. PART III. IT deceased was termina. PART III. III. PA
NO SAMENDAMENTS		1.13		
		1 13		20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.
BLACK INK OR RITER RIBBON		1, 9		20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY, STATE WHILE AT WORK COUNTY, STATE
	۵	18	▎▐.	NOT WHILE AT WORK [
BLA BLA	READ	$ \cdot _{l}$		21. I attended the deceased from the cause stated above and to the heat of my knowledge from the cause stated
USE	аллонѕ		ı,	Death occurred at
USE BLACH OR TYPEWRITER	SHO	1 4 3	o - 	July 9 // simey 1/1 Nort hella W 3/10/62
	<u>o</u>	1 3	FFIDA	23a. BURNAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Stafe)
	ITEM N		¥ Ail	24. FUNERAL DIRECTOR ADDRESS ADDRESS MAR 10 1962 Co. PROSTRAND SIENATURE AT THE PROSTRAND SIENATURE SIENATURE SIENATURE SIENATURE SIENATURE SIENATURE SIENATURE SIENATURE SIENATURE SIE
	[=]		<u> </u>	tos. a. Howard 1619 do. Grand MAR IU 1901 Noun & Must. 11. 4:

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Fort M. Murray
StudentSignature of Student Embalmer	_ Signed sover // wrang
Signature of Student Embaimer	Licensed Embalmer No. 3749
	P. O. Address St Louis Sm

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.

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